



# South Carolina Department of Insurance

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Columbia, South Carolina 29201

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MARK SANFORD  
Governor

SCOTT RICHARDSON  
Director of Insurance

## (TPA) NOTICE OF EXEMPTION FORM

Per Section § 38-51-10, an administrator is defined as any person who collects charges or premiums from, or who adjusts or settles claims on, residents of this State in connection with life or health insurance coverage or annuities.

As long as the following entities are acting directly through their officers and employees, they are exempt from holding a Third Party Administrator's license:

1. An employer on behalf of its employees or the employees of one or more subsidiaries or affiliated corporations of an employer;
2. A union on behalf of its members;
3. An insurer which is either licensed in this State or acting as an insurer with respect to a policy lawfully issued and delivered by it pursuant to the laws of a state in which the insurer was authorized to do insurance business, or a health maintenance organization licensed in this State;
4. A life or health agent or broker licensed in this State whose activities are limited exclusively to the sale of insurance;
5. A creditor on behalf of its debtors with respect to insurance covering a debt between the creditor and its debtors;
6. A trust, its trustees, agents, and employees acting thereunder, established in conformity with 29 U.S.C.186;
7. A trust exempt from taxation under §501(a) of the Internal Revenue Code, its trustees, and employees acting thereunder, or custodian, its agents and employees acting pursuant to a custodian account which meets the requirements of §401(f) of the Internal Revenue Code;
8. A bank, credit union, or other financial institution which is subject to supervision or examination by federal or state banking authorities;
9. A credit card issuing company which advances for and collects premiums or charges from its credit card holders who have authorized it to do so if the company does not adjust or settle claims;
10. A person who adjusts or settles claims in the normal course of his practice or employment as an attorney at law and who does not collect charges or premiums in connection with life or health insurance coverage or annuities; or

If claiming exemption due to administration of ERISA plans, please provide a list of plans and Federal Tax Identification numbers.

ERISA plans	Tax Identification #
1. _____	_____
2. _____	_____
3. _____	_____

***\*Please attach additional sheet if unable to fit entire list of applicable ERISA plans Administered.***

The following information shall be completed.

**I do solemnly swear or affirm that I am familiar with the Laws of South Carolina relating to Administrators; that all the foregoing information submitted is true and correct to the best of my knowledge and belief.**

Date: \_\_\_\_\_ EIN: \_\_\_\_\_

Name of Administrator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone  
No# \_\_\_\_\_

Email  
Address: \_\_\_\_\_

Reason for Exemption: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: & Title: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

(Notary Public)